PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chief, U.S.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/517,901			ling Date 10/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED NO	N/A		N/A	FEL (a)		N/A	FEL (#)
H	(37 CFR 1.16(a), (b),	or (c))	-						ı		
냳	SEARCH FEE (37 CFR 1.16(k), (i), (N/A		N/A		N/A			N/A	
Ц	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS .	minus 3 = *]	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL]	TOTAL			
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	10/22/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME I	Total (37 CFR 1.18(i))	· 25	Minus	 30	= 0	1	X \$25 =	0	OR	x s =	7
Ľ١	Independent (37 CFR 1.16(h))	• 5	Minus	***8	= 0	1	X \$105 =	0	OR	x \$ =	
ĬΝ	Application Size Fee (37 CFR 1.16(s))										
۱	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus		=	1	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***		1	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					1]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to moderable) any objection. Confidentiality is governed by 80 Sts CTR 2nd 37 CTR 1.15. This collection is estimated to state 2 zenutions to complete is evolved in patients of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeogetions form double be sent to the CERT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450.